



PTO/SB/21 (09-04)

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**TRANSMITTAL
FORM**

(to be used for all correspondence after initial filing)

Total Number of Pages in This Submission

172

Application Number

09/924,110

Filing Date

August 7, 2001

First Named Inventor

Carter, et al.

Art Unit

3738

Examiner Name

Alvin J. Stewart

Attorney Docket Number

RTI-118IB
01915/13921US03**ENCLOSURES (check all that apply)**☒ Fee Transmittal Form☒ Fee Attached - \$1020 for Petition
for 3 Month Extension of Time and
\$790.00 for Request For Continued
Examination☒ Petition For Extension of Time
Under 37 CFR 1.136(a)☒ Request For Continued
Examination Under 37 CFR §1.114☒ Declaration Under 37 CFR
§1.132 of Brad J. Larson, M.D.
with Exhibits A-C attached☒ Declaration Under 37 CFR
§1.132 of Raymond E. Olsen,
M.S. with Exhibits A-C attached☒ Third Supplemental Information
Disclosure Statement Under 37
CFR §1.97(a)(4)☒ PTO/SB/08A with copies of
3 cited references☐ Drawing(s)☐ Licensing-related Papers☐ Petition☐ Petition to Convert to a
Provisional Application☐ Power of Attorney, Revocation
Change of Correspondence
Address☐ Terminal Disclaimer☐ Request for Refund☐ CD Number of CD(s) _____☐ Landscape Table on CD☐ After Allowance Communication
to TC☐ Appeal Communication to Board
of Appeals and Interferences☐ Appeal Communication to TC
(Appeal Notice, Brief, Reply Brief)☐ Proprietary Information☐ Status Letter☒ Return-Receipt Postcard☐ Other Enclosure(s) (please
identify below):

Remarks

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

Firm

or

Individual Name

McAndrews Held & Malloy, Ltd.

Name (Print/type)

Donald J. Pochopien

Registration No. (Attorney/Agent)

32,167

Signature

Date: March 28, 2005

CERTIFICATE OF MAILING

I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop AF, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on March 28, 2005

Name (Print/type)

Donald J. Pochopien

Registration No. (Attorney/Agent)

32,167

Signature

Date:

March 28, 2005



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Effective on 12/08/2004.
Fees pursuant to the consolidated Appropriates Act, 2005 (H.R. 4818).

FEE TRANSMITTAL for FY 2005

Complete if Known

Application Number	09/924,110
Filing Date	August 7, 2001
First Named Inventor	Carter, et al.
Examiner Name	Alvin J. Stewart
Art Unit	3738
Attorney Docket No.	RTI-118IB 01915/13921US03

☐ Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$) 1810.00

METHOD OF PAYMENT (check all that apply)

☒ 2 Checks ☐ Credit Card ☐ Money Order ☐ None ☐ Other (please identify): _____

☒ Deposit Account Deposit Account Number: 13-0017 Deposit Account Name: McAndrews Held & Malloy

For the above-identified deposit account, the Director is hereby authorized to (check all that apply)

- ☐ Charge Fee(s) indicated below ☐ Charge Fee(s) indicated below, except for the filing fee
- ☒ Charge any additional fee(s) or underpayments of fees(s) ☐ Credit any overpayments under 37 CFR 1.16 and 1.17

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION

1. BASIC FILING, SEARCH, AND EXAMINATION FEES

Application Type	FILING FEES		SEARCH FEES		EXAMINATION FEES		Fees Paid(\$)
	Fee (\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	Fee(\$)	Small Entity Fee(\$)	
Utility	300	150	500	250	200	100	
Design	200	100	100	50	130	65	
Plant	200	100	300	150	160	80	
Reissue	300	150	500	250	600	300	
Provisional	200	100	0	0	0	0	

2. EXCESS CLAIM FEES

Fee Description	Small Entity	
	Fee(\$)	Fee(\$)
Each claim over 20, or for Reissues, each claim over 20 and more than in the original patent	50	25
Each independent claim over 3 or, for Reissues, each independent claim more than in the original patent	200	100
Multiple dependent claims	360	180
Total Claims	Extra Claims	Fee(\$)
_____ -20 or HP _____ x _____ = _____		
HP = highest number of total claims paid for, if greater than 20		
Indep. Claims	Extra Claims	Fee(\$)
_____ -3 or HP _____ x _____ = _____		
HP = highest number of independent claims paid for, if greater than 3		

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

Total Sheets	Extra Sheets	Number of each additional 50 or fraction thereof	Fee(\$)	Fee Paid(\$)
_____ -100 _____ /50 _____ (round up to a whole number) x _____ = _____				

4. OTHER FEE(S)

Non-English Specification, \$130 fee (no small entity discount)

Other: Request For Continued Examination Under 37 CFR §1.114

Petition For Extension of Time Under 37 CFR 1.136(a)

790.00

1020.00

SUBMITTED BY

Signature		Registration No. (Attorney/Agent)	32,167	Telephone	(312)775-8000
Name (print/type)	Donald J. Pochopien	Date	March 28, 2005		